



COD 6B - Preventing and managing delirium

Part B: Managing delirium

Key Features

- This EPA focuses on identifying patients at risk for delirium, implementing prevention strategies at individual patient and institutional levels, and managing delirium.
- This EPA applies to simple and complicated delirium. Complicated delirium includes factors that make the management of delirium more challenging and require a higher level of expertise. Examples include: prolonged duration despite optimization of medical issues; lack of clear etiology of delirium; multiple competing etiologies of delirium; conflict within health care team regarding optimal management; need to collaborate with multiple other specialties involved in the case
- This EPA also includes identifying long-term outcomes, and advocacy and education for improved prevention, recognition, and management of delirium by other healthcare professionals.
- The observation of this EPA is divided into two parts: preventing delirium; and managing delirium

Use Form 1. Form collects information on:

Complicated delirium factors (select all that apply): not applicable; chemical hypoactive delirium; hyperactive (e.g. agitated) delirium; complicated delirium restraint; physical restraint; environmental restraint; prolonged duration despite optimization of medical issues; lack of clear etiology; multiple competing etiologies; addressing knowledge gaps within health care team on optimal management; need to collaborate with multiple other specialties involved in the case; other

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Case discussion with geriatrician.

Complete 3 observations of achievement

- At least 2 with one or more complicated delirium factors
- At least 2 different assessors

Setting

- inpatient consult; geriatric unit; outpatient clinic; geriatric oncology; TAVI clinic; residential care; emergency department

Milestones in Elentra

- **ME 1.3** Apply a broad base and depth of knowledge in clinical and biomedical sciences to the identification, prevention and/or management of delirium.
- **ME 2.2** Identify patients with atypical presentations and/or course of delirium.
- **ME 2.4** Develop and implement management plans.
- **ME 3.1** Determine the most appropriate procedures or therapies for the purpose of assessment and/or management of delirium.
- **ME 2.4** Integrate non-pharmacologic therapies into management plans for delirium.
- **ME 5.1** Optimize the safety of patients in delirium, ensuring the avoidance of chemical and physical restraints whenever possible and using them skillfully and appropriately when necessary.
- **ME 4.1** Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation.
- **COM 3.1** Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner.
- **L 1.4** Engage others in the adoption and refinement of health information technology or systems for improved management of delirium.
- **P 3.1** Adhere to professional and ethical codes, standards of practice, and laws governing practice